



**ROCKDALE COUNTY PLANNING AND DEVELOPMENT
RESIDENTIAL LAND DISTURBANCE APPLICATION**

Date:

PROPERTY INFORMATION:

Address of project:	
Lot number:	Subdivision name:
Tax Parcel ID:	Acreage of land disturbed:

PROPERTY OWNER INFORMATION:

Name of property owner:	
Current address:	
Phone:	Email:

CONTRACTOR INFORMATION:

Name of company:	
Name of main contact:	
Address:	
Phone:	Email:

EROSION AND SEDIMENT CONTROL (must provide copy of card):

Name of card holder:	
Certification number:	Expiration date:
Name of 24h contact:	Phone:

Signature of applicant: _____

Rockdale County contact information:

In person: 958 Milstead Avenue, Conyers, GA 30012 ◦ Monday through Friday, 8:00am to 5:00pm	
Mail: P.O. Box 289, Conyers, GA 30012	Phone: 770 278-7100
Email: permit@rockdalecountyga.gov	Fax: 770 278-8940

O.C.G.A. 50-36-1(e)(2) Affidavit

By executing this affidavit under oath, as an applicant for a Permit or License, as referenced in O.C.G.A. 50-36-1, from Rockdale County, the undersigned applicant verifies one of the following with respect to my application for a public benefit:

- ☐ I am a United States citizen.
- ☐ I am a legal permanent resident of the United States.
- ☐ I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act with an alien number issued by the Department of Homeland Security or other federal immigration agency.

My alien number issued by the Department of Homeland Security or other federal immigration agency is: _____

**** Wait to be in front of the notary before signing ****

_____, the undersigned applicant also hereby verifies that he or she is 18 years of age or older and has provided at least one secure and verifiable document, as required by O.C.G.A. 50-36-1(e)(1), with this affidavit.

The secure and verifiable document provided with this affidavit can best be classified as:

In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of O.C.G.A. 16-10-20, and face criminal penalties as allowed by such criminal statute.

Executed in Conyers, Georgia, this _____ day of _____, 20 _____.

Notary Public signature

Applicant signature

GA Registration No. and expiration date

Seal: